

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF	ANDREW DAVIS#10088762-163851-G	COURT CASE NUMBER	1:17-cv-06898-RBK
DEFENDANT	Sergeant J. KUHLEN, Badge# S104	TYPE OF PROCESS	Summons/Complaint
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
AT	Sergeant J. Kuhlen, Badge#S104-Southwoods State Prison		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)		
	215 S. Bridgeton Road, Bridgeton, N.J. 08302		

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

ANDREW DAVIS# 1038672-163851-G  
E.J.S.P.?Lock Bag R  
1100 Woodbridge Road  
Rahway, New Jersey, 07065

Number of process to be  
served with this Form - 285Number of parties to be  
served in this caseCheck for service  
on U.S.A.

2018

OCT 12 P 1:04

U.S. DISTRICT COURT  
OF NEW JERSEY  
RECEIVED

Fold

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Sergeant J. Kuhlen, Badge#S104  
Southwoods State Prison  
215 S. Burlington Road  
Bridgeton, N.J. 08302  
(856) 459-7000; Fax (856) 785-459-7140

Signature of Attorney or other Originator-requesting service on behalf of:

☒ PLAINTIFF  
☐ DEFENDANT
TELEPHONE NUMBER  
N/A

DATE

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. ASO	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk Michael Keyes	Date 9/24/18
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Andre Luen TA

Address (complete only if different than shown above)

☒ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service 10/2/18	Time 1:00 pm
----------------------------	-----------------

Signature of U.S. Marshal or Deputy

Service Fee \$65.00	Total Mileage Charges (including endeavors) \$55.20	Forwarding Fee —	Total Charges \$120.20	Advance Deposits	Amount owed to U.S. Marshal or \$20.20	Amount of Refund
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REMARKS:

PRIOR EDITIONS  
MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/80)  
(Instructions Rev. 12/08)

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF <b>ANDREW DAVIS#1038762-163851-G</b>	COURT CASE NUMBER <b>1:17-cv-06898-RBK</b>
DEFENDANT <b>Sergeant R. DUNNS, Badge#S054</b>	TYPE OF PROCESS <b>Summons/Complaint</b>
<b>SERVE</b> NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>→</b> <b>Sergeant R. DUNNS, Badge#S054- Southwoods State Prison</b> ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>AT 215 S. Bridgeton Road, Bridgeton, N.J. 08302</b>	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

**ANDREW DAVIS# 1038762-163851-G**  
**E.J.S.P./LOCK BAG R**  
**1100 Woodbridge Road**  
**Rahway, N.J. 07065**

Number of process to be  
served with this Form - 285Number of parties to be  
served in this caseCheck for service  
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All  
Telephone Numbers, and Estimated Times Available For Service):

Fold

**Sergeant R. DUNNS, Badge#S054**  
**Southwoods State Prison**  
**215 S. Burlington Road**  
**Bridgeton, N.J. 08302**  
**(856) 459-7000; Fax (856) 785-459-7140**

U.S. DISTRICT COURT  
DISTRICT OF NEW JERSEY  
RECEIVED  
OCT 12 P 1:18  
CLERK

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

N/A

DATE

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <b>1</b>	District of Origin No. <b>ASO</b>	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk <b>Michael Kozys</b>	Date <b>9/21/18</b>
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

**Condo L... HR**  
 Address (complete only if different than shown above)

☒ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service  
**10/12/18**  
 Time  
**1100** pm

Signature of U.S. Marshal or Deputy

Service Fee <b>65.00</b>	Total Mileage Charges (including endeavors) <b>\$55.20</b>	Forwarding Fee —	Total Charges <b>\$120.20</b>	Advance Deposits	Amount owed to U.S. Marshal or <b>\$120.20</b>	Amount of Refund <b>0.00</b>
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REMARKS:

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF <b>ANDREW DAVIS#1038762-163851-G</b>	COURT CASE NUMBER <b>17-06898-RBK KMW</b>
DEFENDANT <b>Sergeant: S. HUNTER, Badge#S003</b>	TYPE OF PROCESS <b>Summons/Complaint</b>
SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>Sergeant: S. HUNTER, Badge#S003-Southwoods State Prison</b>	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>215 S. Bridgeton Road-<del>XXXX</del> Bridgeton, N.J. 08302</b>	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

**ANDREW DAVIS#1038762-163851-G**  
**E.J.S.P./LOCK BAG R**  
**1100 Woodbridge Road**  
**Rahway, N.J. 07065**

Number of process to be  
served with this Form - 285Number of parties to be  
served in this caseCheck for service  
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All:  
Telephone Numbers, and Estimated Times Available For Service):

Fold

**Sergeant: S. HUNTER, Badge#S003**  
**Southwoods State Prison**  
**215 S. Burlington Road**  
**Bridgeton, N.J. 08302**  
**856-459-7000; Fax 856-785-459-7140**

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

N/A

DATE

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <b>1</b>	District of Origin No. <b>ASO</b>	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk <b>Michael Kegan</b>	Date <b>9/21/18</b>
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

**Linda Lina HRC**

Address (complete only if different than shown above)

☒ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service

Time

**10/12/18 4:00**

am

pm

Signature of U.S. Marshal or Deputy

Service Fee <b>65.00</b>	Total Mileage Charges (including endeavors) <b>55.20</b>	Forwarding Fee <b>—</b>	Total Charges <b>120.20</b>	Advance Deposits	Amount owed to U.S. Marshal or <b>120.20</b>	Amount of Refund
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REMARKS:

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF <b>ANDREW DAVIS#1038762-163851-G</b>	COURT CASE NUMBER <b>1:17-cv-06898-RBK</b>
DEFENDANT <b>SCO: M. GARCIA, Badge#00808</b>	TYPE OF PROCESS <b>Summons/Complaint</b>
<b>SERVE</b> { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>SCO: M. GARCIA, Badge# 00808-Southwoods State Prison</b> ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>215 S. Bridgeton Road, Bridgeton, N.J. 08302</b>	
<b>AT</b>	

SEND NOTICE OF SERVICE COPY TO REQUESTER-AT NAME AND ADDRESS BELOW:

**ANDREW DAVIS#1038762-163851-G**  
**E.J.S.P.-LOCK BAG R**  
**1100 Woodbridge Road**  
**Rahway, N.J. 07065**

Number of process to be  
served with this Form - 285Number of parties to be  
served in this caseCheck for service  
on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

**SCO. M. GARCIA, Badge#00808**  
**Southwoods State Prison**  
**215 S. Burlington Road, Bridgeton, N.J. 08302**  
**(856) 459-7000; Fax (856) 785-459-7140**

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

N/A

DATE

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <b>1</b>	District of Origin No. <b>ASO</b>	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk <b>Michael K. Zyzanski</b>	Date <b>9/21/18</b>
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

**Linda Liner RN**

Address (complete only if different than shown above)

☒ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service

Time

**10/12/18****11:00**am  
pm

Signature of U.S. Marshal or Deputy

**[Signature]**

Service Fee <b>\$65.00</b>	Total Mileage Charges (including endeavors) <b>\$55.20</b>	Forwarding Fee —	Total Charges <b>\$120.20</b>	Advance Deposits	Amount owed to U.S. Marshal or <b>\$120.20</b>	Amount of Refund
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REMARKS:

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF <b>ANDREW DAVIS#1038672-163851-G</b>	COURT CASE NUMBER <b>17-06898-RBK-KMW</b>
DEFENDANT <b>SCO: S. LOPEZ, Bade#00582</b>	TYPE OF PROCESS <b>Summons/Complaint</b>
<b>SERVE</b> { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>AT</b> { <b>SCO# S. LOPEZ, Bade#00582-Southwoods State Prison</b> ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>215 Bridgeton Road-Bridgeton, N.J. 08302</b>	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

**ANDREW DAVIS#1038762-163851-G**  
**E.J.S.P./LOCK BAG R**  
**1100 Woodbridge Road**  
**Rahway, N.J. 07065**

Number of process to be  
served with this Form - 285Number of parties to be  
served in this caseCheck for service  
on U.S.A.

210 OCT 2

U.S. DISTRICT COURT  
DISTRICT OF NEW JERSEY  
RECEIVEDSPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All  
Telephone Numbers, and Estimated Times Available For Service):

Fold

**SCO: S. LOPEZ, Badge#00582**  
**Southwoods State Prison**  
**215 S. Burlington Road**  
**Bridgeton, N.J. 08302**  
**(856)459-7000; Fax (856)785-459-7140**

Fold

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

N/A

DATE

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <b>1</b>	District of Origin No. <b>ASO</b>	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk <b>Michael Kozyna</b>	Date <b>9/21/18</b>
---	---------------------------	---	-----------------------------------	---	------------------------

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described  
on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below).

Name and title of individual served (if not shown above)

**Linda L. L. L.**

Address (complete only if different than shown above)

☒ A person of suitable age and dis-  
cretion then residing in the defendant's  
usual place of abode.

Date of Service <b>10/12/18</b>	Time <b>11:00</b>	<b>am</b>
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Signature of U.S. Marshal or Deputy

Service Fee <b>\$65.00</b>	Total Mileage Charges (including endeavors) <b>\$55.20</b>	Forwarding Fee <b>—</b>	Total Charges <b>\$120.20</b>	Advance Deposits	Amount owed to U.S. Marshal or <b>\$120.20</b>	Amount of Refund
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REMARKS:

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF	COURT CASE NUMBER
ANDREW DAVIS#1038762-163851-G	17-06898-RBK-KMW
DEFENDANT	TYPE OF PROCESS
SCO: J. ELBEUF, Badge#00203	Summons/Complaint
<b>SERVE</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
<b>AT</b>	SCO: J. ELBEUF, Badge#00203-Southwoods State Prison
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
	215 S. Bridgeton Road, Bridgeton, N.J. 08302

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

ANDREW DAVIS#1038762-163851-G  
E.J.S.P./LOCK BAG R  
1100 Woodbridge Road  
Rahway, N.J. 07065

Number of process to be  
served with this Form - 285Number of parties to be  
served in this caseCheck for service  
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All  
Telephone Numbers, and Estimated Times Available For Service):

Fold

SCO: J. ELBEUF, Badge#00203  
Southwoods State Prison  
215 S. Burlington Road  
Bridgeton, N.J. 08302  
(856)459-7000; Fax (856)785-459-7140

CLERK  
DISTRICT COURT  
DISTRICT OF NEW JERSEY  
RECEIVED  
OCT 12 P 1:04

Fold

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

N/A

DATE

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. A50	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk Michael Kzyng	Date 9/21/18
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I hereby certify and return that ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described  
on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Cindy L. Losen

Address (complete only if different than shown above)

☒ A person of suitable age and dis-  
cretion then residing in the defendant's  
usual place of abode.

Date of Service

10/12/18 11:00 am

Signature of U.S. Marshal or Deputy

[Signature]

Service Fee 05.1	Total Mileage Charges (including endeavors) 55.20	Forwarding Fee —	Total Charges 920.20	Advance Deposits —	Amount owed to U.S. Marshal or 8120.20	Amount of Refund
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REMARKS:

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See Instructions for: "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF <b>ANDREW DAVIS#1038762-163851-G</b>	COURT CASE NUMBER <b>17-06898-RBK-KMW</b>
DEFENDANT <b>SCO: V. SPINELLI, Badge#00742</b>	TYPE OF PROCESS <b>Summons/Complaint</b>
<b>SERVE</b> { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>SCO. V. SPINELLI, Badge#00742-Southwoods State Prison</b> ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>215 S. Bridgeton Road-Bridgeton, N.J. 08302</b>	
<b>AT</b> { SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: <b>ANDREW DAVIS#1038762-163851-G</b> <b>E.J.S.P./LOCK BAG R</b> <b>1100 Woodbridge Road</b> <b>Rahway, N.J. 07065</b>	
Number of process to be served with this Form - 285 Number of parties to be served in this case Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

**SCO. V. SPINELLI, Badge#00742**  
**Southwoods State Prison**  
**215 S. Burlington Road**  
**Bridgeton, N.J. 08302**  
**(856)459-7000 ; Fax (856)785-459-7140**

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

N/A

DATE

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <b>1</b>	District of Origin No. <b>ASO</b>	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk <b>Michael Kozyna</b>	Date <b>9/21/18</b>
---	---------------------------	--------------------------------------	--------------------------------	---	------------------------

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

**Linda L...**☒ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service <b>10/12/18</b>	Time <b>1100</b>	am pm
------------------------------------	---------------------	----------

Signature of U.S. Marshal or Deputy

**[Signature]**

Service Fee <b>105</b>	Total Mileage Charges (including endeavors) <b>55.20</b>	Forwarding Fee <b>—</b>	Total Charges <b>120.20</b>	Advance Deposits	Amount owed to U.S. Marshal or <b>120.20</b>	Amount of Refund
---------------------------	---	----------------------------	--------------------------------	------------------	---	------------------

REMARKS:

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF	COURT CASE NUMBER
ANDREW DAVIS#1038762- <del>103851</del> 163851-G	17-06898-RBK-KMW
DEFENDANT	TYPE OF PROCESS
SCO: J. Hawk, Badge#00174	Summons/Complaint
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN	
SCO: J. HAWK, Badge#00174-Southwoods State Prison	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)	
215 Bridgeton Road-Bridgeton, N.J. 08302	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

ANDREW DAVIS#1038762-163851-G  
E.J.S.P./LOCK BAG R  
1100 Woodbridge Road  
Rahway, N.J. 07065

Number of process to be  
served with this Form - 285Number of parties to be  
served in this caseCheck for service  
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All  
Telephone Numbers, and Estimated Times Available For Service):

Fold

SCO. J. HAWK, Badge#00174  
Southwoods State Prison  
215 S. Burlington Road  
Bridgeton, N.J. 08302  
856-459-7000; Fax 856-785-459-7140

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

N/A

DATE

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
	1	No. ASQ	No.	Michael Kypre	9/11/18

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described  
on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below).

Name and title of individual served (if not shown above)	<input checked="" type="checkbox"/> A person of suitable age and dis- cretion then residing in the defendant's usual place of abode.	
Address (complete only if different than shown above)	Date of Service	Time
Lincoln HK	10/12/18	1100 pm
Signature of U.S. Marshal or Deputy		

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
65.4	55.20	—	120.20		120.20	

REMARKS:

PRIOR EDITIONS  
MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/80)  
(Instructions Rev. 12/08)

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF	ANDREW DAVIS #1038762-163851G	COURT CASE NUMBER	1:17-cv-06898-RBK-KMW
DEFENDANT	OFFICER LISA TORO #00891	TYPE OF PROCESS	SUMMONS & COMPLAINT
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
→	LISA TORO #00891 - SOUTHWOODS STATE PRISON		
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)		
	215 S. BURLINGTON ROAD - BRIDGETON, NEW JERSEY 08302		

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

ANDREW DAVIS #1038762-163851G  
EAST JERSEY STATE PRISON  
LOCK BAG R  
RAHWAY, NEW JERSEY 07065

Number of process to be  
served with this Form - 285Number of parties to be  
served in this caseCheck for service  
on U.S.A.

210 OCT 2 P 1:05

U.S. DISTRICT COURT  
DISTRICT OF NEW JERSEY  
RECEIVED

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

OFFICER LISA TORO #00891  
SOUTHWOODS STATE PRISON  
215 S. BURLINGTON ROAD  
BRIDGETON, NEW JERSEY 08302  
856-459-7000; Fax 856-785-459-7140

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

N/A

DATE

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. A50	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk Michael K. Zysa	Date 9/24/18
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I hereby certify, and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Linda L. Lerner

Address (complete only if different than shown above)

☒ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service

10/12/18

Time

1:00 pm

Signature of U.S. Marshal or Deputy

Service Fee 65.00	Total Mileage Charges (including endeavors) 55.00	Forwarding Fee —	Total Charges 120.00	Advance Deposits	Amount owed to U.S. Marshal or 720.00	Amount of Refund
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REMARKS:

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF	COURT CASE NUMBER
ANDREW DAVIS #1038762-163851G	1:17-cv-06898-RBK-KMW
DEFENDANT	TYPE OF PROCESS
OFFICER VICTOR TAPIA #07764	SUMMONS & COMPLAINT
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
AT	VICTOR TAPIA #00764 - SOUTHWOODS STATE PRISON
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
	215 S. BRIDGETON ROAD - BRIDGETON, NEW JERSEY 08302

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

ANDREW DAVIS #1038762-163851G  
EAST JERSEY STATE PRISON  
LOCK BAG R  
RAHWAY, NEW JERSEY 07065

Number of process to be  
served with this Form - 285Number of parties to be  
served in this caseCheck for service  
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All  
Telephone Numbers, and Estimated Times Available For Service):

Fold

OFFICER VICTOR TAPIA #07764  
SOUTHWOODS STATE PRISON  
215 S. BURLINGTON ROAD  
BRIDGETON, NEW JERSEY 08302  
(856) 459-7000; FAX (856) 785-459-7140

U.S. DISTRICT COURT  
DISTRICT OF NEW JERSEY  
RECEIVED  
2018 OCT 12 P 1:05

Fold

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

N/A

DATE

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. A50	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk Michael Kozys	Date 9/21/18
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I hereby certify and return that ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described  
on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Linda Linceo HR  
Address (complete only if different than shown above)

☒ A person of suitable age and dis-  
cretion then residing in the defendant's  
usual place of abode.

Date of Service 10/12/18 Time 11:00 am  
pm

Signature of U.S. Marshal or Deputy

Service Fee 0.50	Total Mileage Charges (including endeavors) 55.20	Forwarding Fee —	Total Charges 120.20	Advance Deposits	Amount owed to U.S. Marshal or 120.20	Amount of Refund
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REMARKS:

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF	ANDREW DAVIS #1038762-163851G	COURT CASE NUMBER	1:17-cv-06898-RBK-KMW
DEFENDANT	OFFICER DANIEL WEST #00898	TYPE OF PROCESS	SUMMONS & COMPLAINT
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN DANIEL WEST #00898 - SOUTHWOODS STATE PRISON		
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 215 S. BURLINGTON ROAD - BRIDGETON, NEW JERSEY 08302		

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

ANDREW DAVIS #1038762-163851G  
EAST JERSEY STATE PRISON  
LOCK BAG R  
RAHWAY, NEW JERSEY 07065

Number of process to be  
served with this Form - 285Number of parties to be  
served in this caseCheck for service  
on U.S.A.

2018 OCT 12 P 1:05

U.S. DISTRICT COURT  
DISTRICT OF NEW JERSEY  
RECEIVEDSPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All  
Telephone Numbers, and Estimated Times Available For Service):

Fold

OFFICER DANIEL WEST #00898  
SOUTHWOODS STATE PRISON  
215 S. BURLINGTON ROAD  
BRIDGETON, NEW JERSEY 08302  
856-459-7000; Fax 856-785-459-7140

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

N/A

DATE

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. AS	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk Michael Kozura	Date 9/24/18
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described  
on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Lincoln Center LLC  
Address (complete only if different than shown above)

A person of suitable age and dis-  
cretion then residing in the defendant's  
usual place of abode.

Date of Service 10/14/18	Time 11:00 am
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Signature of U.S. Marshal or Deputy

Service Fee \$65.00	Total Mileage Charges (including endeavors) \$55.00	Forwarding Fee —	Total Charges 120.20	Advance Deposits	Amount owed to U.S. Marshal or 120.20	Amount of Refund
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REMARKS:

PRIOR EDITIONS  
MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/80)  
(Instructions Rev. 12/08)

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF

COURT CASE NUMBER

ANDREW DAVIS#1038762-163851-G

17-06898-RBK-KMW

DEFENDANT

TYPE OF PROCESS

SCO: A. DOOLEY, Badge#00726

Summons/Complaint

SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO-SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

SCO: A. DOOLEY, Badge#00726-Southwoods State Prison

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

AT

215 S. S. Bridgeton Road-Bridgeton, N.J. 08302

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

ANDREW DAVIS#1038762-163851-G

E.J.S.P./LOCK BAG R

1100 Woodbridge Road

Rahway, N.J. 07065

Number of process to be served with this Form - 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

SCO: A. DOOLEY, Badge#00726

Southwoods State Prison

215 S. Burlington Road

Bridgeton, N.J. 08302

(856)459-7000; Fax (856)785-459-7140

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

N/A

DATE

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.

(Sign only first USM 285 if more than one USM 285 is submitted)

Total Process

1

District of Origin

No. A50

District to Serve

No.

Signature of Authorized USMS Deputy or Clerk

Michael K. Zypa

Date

9/12/18

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Linda Green HRC

Address (complete only if different than shown above)

☒ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service

10/12/18

Time

11:00

am

pm

Signature of U.S. Marshal or Deputy

Service Fee

65

Total Mileage Charges (including endeavors)

85.20

Forwarding Fee

—

Total Charges

120.20

Advance Deposits

—

Amount owed to U.S. Marshal or

120.20

Amount of Refund

—

REMARKS:

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF <b>ANDREW DAVIS# 1038762-163851-G</b>	COURT CASE NUMBER <b>1:17-cv-06898-RBK</b>
DEFENDANT <b>Lieutenant, J. Sprenger, Badge# L068</b>	TYPE OF PROCESS <b>Summons/Complaint</b>
SERVE <b>NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN</b> <b>Lieutenant, J. Sprenger, Badge# L068; Southwoods State Prison</b> ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>215 S. Bridgeton Road, Bridgeton, N.J. 08302</b>	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

**ANDREW DAVIS# 1038762-163851-G**  
**E.J.S.P.-LOCK BAG R**  
**1100 Woodbridge Road**  
**Rahway, N.J. 07065**

Number of process to be served with this Form - 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

**Lieutenant, J. Sprenger, Badge# L068**  
**Southwoods State Prison**  
**215 South Burlington Road**  
**Bridgeton, N.J. 08302**  
**(856) 459-7000; Fax (856) 785-459-7140**

CLERK  
U.S. DISTRICT COURT  
DISTRICT OF NEW JERSEY  
RECEIVED  
OCT 12 P 1:05

Fold

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF  
☐ DEFENDANT
TELEPHONE NUMBER  
N/A

DATE

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <b>1</b>	District of Origin No. <b>A50</b>	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk <b>Michael Kozys</b>	Date <b>9/11/18</b>
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

**Linda Green AN**

Address (complete only if different than shown above)

☒ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service <b>10/12/18</b>	Time <b>11:00</b>	am pm
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Signature of U.S. Marshal or Deputy

**[Signature]**

Service Fee <b>65.00</b>	Total Mileage Charges, (including endeavors) <b>55.20</b>	Forwarding Fee —	Total Charges <b>120.20</b>	Advance Deposits	Amount owed to U.S. Marshal or <b>120.20</b>	Amount of Refund
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REMARKS:

PRIOR EDITIONS  
MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/80)  
(Instructions Rev. 12/08)

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF <b>ANDREW DAVIS#1038762-163851-06</b>	COURT CASE NUMBER <b>1:17-cv-06898-RBK</b>
DEFENDANT <b>SCO; M. MACKEPRANG, Badge#00574</b>	TYPE OF PROCESS <b>Summons/Complaint</b>

<b>SERVE</b> ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>SCO: M. MACKEPRANG, Badge#00574</b>
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>215 S. Bridgeton Road, Bridgeton, N.J. 08302</b>
	<b>AT</b>

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

**ANDREW DAVIS#1038672-163851-G**  
**E.J.S.P.-LOCK BAG R**  
**1100 Woodbridge Road**  
**Rahway, N.J. 07065**

Number of process to be  
served with this Form - 285Number of parties to be  
served in this caseCheck for service  
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All  
Telephone Numbers, and Estimated Times Available For Service):

Fold

**SCO: M. MACKEPRANG, Badge#00574**  
**Southwoods State Prison**  
**215 S. Burlington Road**  
**Bridgeton, N.J. 08302**  
**(856) 459-7000; Fax (856) 785-459-7140**

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

N/A

DATE

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <b>1</b>	District of Origin No. <b>A50</b>	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk <b>Michael Kozma</b>	Date <b>9/21/18</b>
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described  
on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

**Linda Green Hc**

Address (complete only if different than shown above)

☒ A person of suitable age and dis-  
cretion then residing in the defendant's  
usual place of abode.

Date of Service

**10/12/18**

Time

**11:00**

pm

Signature of U.S. Marshal or Deputy

Service Fee <b>65</b>	Total Mileage Charges (including endeavors) <b>55.20</b>	Forwarding Fee <b>—</b>	Total Charges <b>120.20</b>	Advance Deposits	Amount owed to U.S. Marshal or <b>120.20</b>	Amount of Refund
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REMARKS: